

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 241
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)

A. Prasad D Gadiraju M.D.

Mailing Address 2411 Fountain View, Suite 200,

City State Zip Code
Houston TX 77057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Houston Anesthesiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : C3015864

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Emilio B. Gallo M.D.

Mailing Address 8930 Southern Breeze Dr.

City State Zip Code
Orlando FL 32836

FEC ID number of contributing
federal political committee.

C

Name of Employer

JLR USAP

Occupation

anesthesia

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 08 / 2015

Transaction ID : C2999001

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tong J. Gan M.D.

Mailing Address Department of Anesthesiology,
HSC Level 4, Room 060

City State Zip Code
Stony Brook NY 11794

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook University

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
05 / 31 / 2015

Transaction ID : C3017231

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00